ISDH HSP Substance Abuse Services (Residential) Service Standard

HRSA Service Definition:

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance

- Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.
- Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.
- RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Key Services Components and Activities:

Substance Abuse Services (Residential) are provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State of Indiana. Services are provided as outlined in the service definition to persons screened, assessed and diagnosed with a substance use disorder. Key services components and activities are noted in the Service Standards below.

HSP Service Standards:

Standard	Documentation
1. Personnel Qualifications	
1. Provider qualifications are documented with degrees, certifications, certifications and training records according to the scope of practice, agency policy, and Indiana law, and as dictated by the Substance Abuse and Mental Health Services Administration (SAMHSA) standards. 2. Licensed providers hold current and active licenses in good standing. 3. Providers must obtain continuing education according to the appropriate licensing board, or at minimum 10 hours of substance abuse-specific training per year.	1. Documentation of all applicable current and active licensures, certifications, registrations, or accreditations is available for review. 2. Documentation of continuing education, with at least 10 hours of Substance Abuse specific training per year for unlicensed/certified staff member serving Ryan White clients.
2. Eligibility Criteria	

1. Subrecipients must have established criteria for the provision of substance abuse services (residential) that includes, at minimum: • Eligibility verification consistent with recipient requirements	1. Non-medical case managers must maintain up to date eligibility records for clients according to agency protocol and in any data system required by ISDH. 2. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program. • Acceptable documentation includes a current eligibility approval letter dated within 6 months of service provision. These letters may be accessed from the client's Non-medical case management, and includes effective and end dates of eligibility and those services for which the client may enroll. 3. Documentation must be made available for review by ISDH upon request.
3. Facility Licensure	
1. Residential treatment facility is currently licensed or certified as required by Indiana law. 2. Detoxification center is currently licensed as required by Indiana law.	1. Documentation of all applicable and currently active facility licenses and/or certifications are available for review. 2. At least 10 hours of Substance Abuse specific training per year for unlicensed/certified staff member serving Ryan White clients.
4. Intake	
1. Intake will be completed within 72 hours of client's initial contact to agency. 2. In the event of any delay to accessing care (including delays due to the client's stage of recovery readiness), reasonable attempts will be made to maintain communication with the client for the purpose of preserving engagement with the substance abuse treatment system.	1. New client charts will have an individual intake completed within 72 hours of client's initial contact to agency. 2. Client record documentation includes evidence of consistent client contact and evidence of referrals to or the provision of supportive services to maintain client engagement.
5. Assessment	
1. Each client receives a formal assessment within 8 hours of admission, except when documented reasons exist that preclude this standard from being met. 2. Evidence-based diagnostic tools will be used when needed to assess for suspected mental health diagnoses. 3. Client assessments will include, at a minimum: • Substance use history and current use • Suicidal ideation	1. Client record documentation includes a written assessment completed within 8 hours of admission, and if completed after 8 hours, an explanation for the delay. 2. Subrecipient assessment tool/form must include, at minimum: • Suicide ideation; • Crisis needs; • Medication history; • Appropriateness of referral for psychiatric needs; • Substance use history and current use;

• Appropriateness of referral for psychiatric needs • Mental health needs • Mental health and substance abuse treatment history • Functional needs • Medical needs, including medically-monitored detoxification • The diagnosed substance use disorder, as identified in DSM-5, which will guide treatment	• Treatment recommendations; • Mental health treatment history; and • Sexual and drug use risk-taking behavior 3. Client record documentation includes a substance use disorder diagnosis if treatment is indicated
6. Service Delivery/Treatment	
1. Providers deliver the appropriate level of service for the client based on the client's ability and willingness to participate, and providers immediately refer clients for whom the services offered are not suitable. 2. Providers create or adapt an individualized treatment plan for each client within 72 hours of assessment. Every plan calls for only allowable activities and includes: • A description of the need(s); • The treatment modality; • Start date and projected end date for residential substance use treatment services; • Regular monitoring and assessment of client progress; • Any recommendations for follow-up; • Provider and client signature. 3. Notes in the service record reflect progress on and recommended updates to the treatment plan, as well as any collaborations or information exchanges that have taken place with other providers and members of the treatment team 4. The mental health/substance abuse treatment provider coordinates medication management with primary care and other prescribing providers as appropriate	1. Client record documentation includes: • Client referral to appropriate services, if applicable • Client Treatment Plan • Signed and dated progress notes demonstrating counseling and services consistent with Treatment Plan
7. Discharge Plan	
1. Client Discharge Plan should be developed for every client, regardless of reason for discharge. At minimum, the Discharge Plan should include: • Reason for client discharge from services (i.e., treatment goals achieved, client requested termination of services, client left facility, client deceased, etc.)	1. Client record documentation contains signed and dated Discharge Plan with required elements 2. Client record signed and dated progress notes reflect provision of Discharge Plan to client

• Referrals to ongoing outpatient substance abuse treatment services • Identification of housing options and address at which client is expected to reside • Identification of medical care provider from whom client is expected to receive treatment • Identification of case manager/care coordinator from whom client is expected to receive services • Source of client's HIV medications upon discharge 2. Client Discharge Plan should be provided to client when feasible	

Subservices:

- Substance Abuse Services Residential- Residential Treatment

Service Unit Definition:

- Unit = 1 day